

Proof of Claim:

Claimant:

Mirna L. Rodriguez Colón
152804

INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Instructions

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. Your answers should provide **more information than the initial proof of claim**. For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate now on what specific laws you are purporting to rely on, the year the law at issue was passed, and how and why you believe this particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via email to PRClaimsInfo@primeclerk.com or by mail or hand delivery to the following addresses:

<u>First Class Mail</u>	<u>Hand Delivery</u>
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

Questionnaire

1. What is the basis of your claim?

- ☒ A pending or closed legal action with or against the Puerto Rican government
- ☐ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)

2. What is the amount of your claim (how much money do you claim to be owed):

\$ 36,500.00 Aug 89 12/Julio/1979

3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?

- ☐ No. Please continue to Question 4.
- ☒ Yes. Answer Questions 3(a)-(d).

3(a). Identify the specific agency or department where you were or are employed:

Departamento de la Familia

Proof of Claim:
Claimant:

3(b). Identify the dates of your employment related to your claim:

Aug 89 Sept 1, 1980 to January 31, 2011

3(c). Last four digits of your social security number: 2269

3(d). What is the nature of your employment claims (select all applicable):

- ☐ Pension
- ☒ Unpaid Wages
- ☐ Sick Days
- ☐ Union Grievance
- ☐ Vacation
- ☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

4. **Legal Action.** Does your claim relate to a pending or closed legal action?

- ☐ No.
- ☒ Yes. Answer Questions 4(a)-(f).

4(a). Identify the department or agency that is a party to the action.

Departamento de la Familia

4(b). Identify the name and address of the court or agency where the action is pending:

Tribunal de Distrito de la EJ para el Distrito de PR (SJ)

4(c). Case number:

17 BK 3283 - LTS

4(d). Title, Caption, or Name of Case:

Ley Promesa (Casos Titulo III)

4(e). Status of the case (pending, on appeal, or concluded):

pending

4(f). Do you have an unpaid judgment? Yes / ☒ No (Circle one)

If yes, what is the date and amount of the judgment? _____

Proof of Claim: Mirna L. Behiquez Colon
Claimant: 152-804p

RECEIVED
2020 MAR -4 PM 2:41

INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Instructions

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. **Your answers should provide more information than the initial proof of claim.** For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate now on what specific laws you are purporting to rely on, the year the law at issue was passed, and how and why you believe this particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via email to PRClaimsInfo@primeclerk.com, or by mail or hand delivery to the following addresses:

<u>First Class Mail</u>	<u>Hand Delivery</u>
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

Questionnaire

1. What is the basis of your claim?

- ☒ A pending or closed legal action with or against the Puerto Rican government
- ☐ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)

2. What is the amount of your claim (how much money do you claim to be owed):

\$10,300.00 Ley 96 julio 2002

3. **Employment.** Does your claim relate to current or former employment with the Government of Puerto Rico?

- ☐ No. Please continue to Question 4.
- ☒ Yes. Answer Questions 3(a)-(d).

3(a). Identify the specific agency or department where you were or are employed:

Departamento de la Familia

Proof of Claim:

Claimant:

Mirna L. Banguer Colon
152 806

3(b). Identify the dates of your employment related to your claim:

Ley 96- julio 2002 hasta enero 2011

3(c). Last four digits of your social security number:

2269

3(d). What is the nature of your employment claims (select all applicable):

☐ Pension☒ Unpaid Wages☐ Sick Days☐ Union Grievance☐ Vacation☐ Other (Provide as much detail as possible. Attach additional pages if necessary).4. **Legal Action.** Does your claim relate to a pending or closed legal action?☐ No.☒ Yes. Answer Questions 4(a)-(f).

4(a). Identify the department or agency that is a party to the action.

Departamento de la Familia

4(b). Identify the name and address of the court or agency where the action is pending:

Tribunal de Distrito de la EU para el Distrito de PR (SJ)

4(c). Case number:

17 BK 3283 LTS

4(d). Title, Caption, or Name of Case:

Ley Promesa (Casos Titulo III)

4(e). Status of the case (pending, on appeal, or concluded):

Pending

4(f). Do you have an unpaid judgment? Yes / ☒ No (Circle one)

If yes, what is the date and amount of the judgment?

Proof of Claim: Mirna L. Rodriguez
Claimant: 152806

RECEIVED & FILED

2020 MAR -4 PM 2:41

INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Instructions

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. Your answers should provide more information than the initial proof of claim. For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate now on what specific laws you are purporting to rely on, the year the law at issue was passed, and how and why you believe this particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via email to PRClaimsInfo@primeclerk.com, or by mail or hand delivery to the following addresses:

<u>First Class Mail</u>	<u>Hand Delivery</u>
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

Questionnaire

1. What is the basis of your claim?

- ☒ A pending or closed legal action with or against the Puerto Rican government
- ☐ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)

\$8,500.00 Ley 164 12/Julio/2003

2. What is the amount of your claim (how much money do you claim to be owed):

3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?

- ☐ No. Please continue to Question 4.
- ☒ Yes. Answer Questions 3(a)-(d).

3(a). Identify the specific agency or department where you were or are employed:

Departamento de Familia

Proof of Claim:

Claimant:

Mirna L. Ballesteros
152806

3(b). Identify the dates of your employment related to your claim:

3(c). Last four digits of your social security number:

3(d). What is the nature of your employment claims (select all applicable):

- ☐ Pension
- ☒ Unpaid Wages
- ☐ Sick Days
- ☐ Union Grievance
- ☐ Vacation
- ☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

4. **Legal Action.** Does your claim relate to a pending or closed legal action?

- ☐ No.
- ☒ Yes. Answer Questions 4(a)-(f).

4(a). Identify the department or agency that is a party to the action.

Departamento de la Familia

4(b). Identify the name and address of the court or agency where the action is pending:

Tribunal de Distrito de los EU para el Distrito de PR/SJ

4(c). Case number:

17 BK 3883 LTS

4(d). Title, Caption, or Name of Case:

Ley Promesa (Casos Titulos III)

4(e). Status of the case (pending, on appeal, or concluded):

pending

4(f). Do you have an unpaid judgment? Yes / ☒ No (Circle one)

If yes, what is the date and amount of the judgment?

Anna L. Ludwig Cole
Mrs. Vista Belle
Calle 5D-1
Villah PR
00766



1000



00918

U.S. POSTAGE PAID
FCM LG ENV
VILLALBA, PR
00766
MAR 03, 20
AMOUNT
\$1.00
R2305H127764-06

Clerk's Office
United States District Court
Room 150 Federal Building
San Juan, PR. 60918-1767

RECEIVED & FILED

2020 MAR -4 PM 2:40

CLERK'S OFFICE
DISTRICT COURT
SAN JUAN, PR